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| 附件2  福建省专业技术人员高研班项目计划汇总表  省直主管单位或设区市人社部门(章盖)： 填表日期： | | | | | | | |
| **序号** | **研修选题** | **承办单位** | **主管部门或申报单位** | **联系人** | **联系电话** | **所属领域** | **学员人数** |
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